



Client No. <b>2036</b>		Client Name <b>O.H. Materials</b>				Location <b>1004 Oswego St. Utica, N.Y.</b>		Date <b>8-23-87</b>			
Facility Equipment	Detox Clock	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other				
		<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>1</b>	<b>3</b>	<b>Radio/2 keys/Log Book</b>				
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.			Officer—Day Shift (Name) <b>Kenneth Halif</b>			Officer—Swing Shift (Name) <b>P. Bloomquist</b>			Officer—Grave Shift (Name) <b>Patrick W. Mathena</b>		
Shift			Shift			Shift			Shift		
Began			Began			Began			Began		
<b>9:40 AM</b>			<b>4:00 AM</b>			<b>12:00 AM</b>			<b>12:00 AM</b>		
Ended			Ended			Ended			Ended		
<b>9:40 AM</b>			<b>4:00 PM</b>			<b>12:00 PM</b>			<b>8:00 PM</b>		
Observations or actions taken			Observations or actions taken			Observations or actions taken			Observations or actions taken		
Yes			Yes			Yes			Yes		
No			No			No			No		
Explanation			Explanation			Explanation			Explanation		
Rounds or stations missed			Rounds or stations missed			Rounds or stations missed			Rounds or stations missed		
Unlocked doors, gates or windows			Unlocked doors, gates or windows			Unlocked doors, gates or windows			Unlocked doors, gates or windows		
Unlocked vaults or safes			Unlocked vaults or safes			Unlocked vaults or safes			Unlocked vaults or safes		
Fire-smoke-or hazards			Fire-smoke-or hazards			Fire-smoke-or hazards			Fire-smoke-or hazards		
1. Extinguishers missing or defective			1. Extinguishers missing or defective			1. Extinguishers missing or defective			1. Extinguishers missing or defective		
2. Sprinkler system defective			2. Sprinkler system defective			2. Sprinkler system defective			2. Sprinkler system defective		
3. Fire doors or exits blocked			3. Fire doors or exits blocked			3. Fire doors or exits blocked			3. Fire doors or exits blocked		
4. Rubbish accumulation			4. Rubbish accumulation			4. Rubbish accumulation			4. Rubbish accumulation		
5. Motors running			5. Motors running			5. Motors running			5. Motors running		
6. Lights left burning			6. Lights left burning			6. Lights left burning			6. Lights left burning		
Injury hazards			Injury hazards			Injury hazards			Injury hazards		
Visitors			Visitors			Visitors			Visitors		
Trespassing			Trespassing			Trespassing			Trespassing		
Violation of company rules			Violation of company rules			Violation of company rules			Violation of company rules		
Remarks											
<b>IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.</b>											
1. Were you injured during this tour?			Day Shift			Swing Shift			Grave Shift		
Yes			Yes			Yes			Yes		
No			No			No			No		
2. Did you suffer any illness?			Day Shift			Swing Shift			Grave Shift		
Yes			Yes			Yes			Yes		
No			No			No			No		
3. Have you reported all accidents coming to your attention?			Day Shift			Swing Shift			Grave Shift		
Yes			Yes			Yes			Yes		
No			No			No			No		
Signatures			Signatures			Signatures			Signatures		
<b>Michael M. Miller</b>			<b>Kenneth Halif</b>			<b>P. Bloomquist</b>			<b>Patrick W. Mathena</b>		
Signatures			Signatures			Signatures			Signatures		
<b>8:35 P</b>											
Signatures			Signatures			Signatures			Signatures		

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